

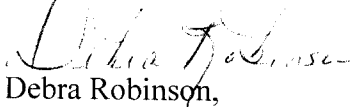
September 28, 2012

Mark O'Donnell
PRTF Information Inventory Task Force
3001 Mail Service Center
Raleigh, NC 27699-3001

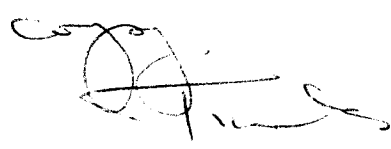

Mr. O'Donnell

Please find attached Devereux's Georgia's PRTF Information Inventory. If you have any questions or need further information, please don't hesitate to call me at 770-427-0147, ext 2326.

Sincerely,



Debra Robinson,
Director of Quality Improvement &
Risk Management

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Residential Treatment Services PRTF Information Inventory (9-7-11 draft)

		Comments
Agency Name:	Devereux GA Treatment Network	
Contact Name:	Debra Robinson	
Contact Number:	770-427-0147, ext 2326	
Site/Cottage/Facility Name:	Devereux	
Address:	1291 Stanley Rd, Kennesaw, GA 30142	
Mental Health License Number:		
Medicaid Provider Number:		
General Overview	Provide a description of the following:	
Accreditation Body:	The Joint Commission	
Gender(s) served:	Males <input checked="" type="checkbox"/> Females <input checked="" type="checkbox"/>	
Number of beds per site:	Males _____ Females _____	
Staff-to-Client Ratio for Service Unit:	5:1, 4:1, 3:1 (three shifts)	
Staff Shift Pattern:	Three shifts	
Disability served:	MHI IDD	
Specialty Population: (Dual Dx, Sexually Reactive/Aggressive, IDD, Bipolar, Schizophrenia, Borderline Personality etc.)	We served mild MR IDD males, client from ages 9-21. We provide treatment for mental health disorders including Axis I.	
Age range:	9-21	
IQ Requirement:	Yes <input checked="" type="checkbox"/> No _____ If Yes, Specify in mind a range	
Facility: Locked <input checked="" type="checkbox"/> Unlocked _____	Yes _____ No _____ If Yes, Specify _____	
Facility: staff secure?	Yes _____ No _____ If Yes, Specify _____	I am not sure what this question means.
Facility secured?	Yes <input checked="" type="checkbox"/> No _____ If Yes, Specify _____ Yes, physical <input checked="" type="checkbox"/> mechanical _____ If	We have a gate around the campus.
Does the facility use restraints?	Yes <input checked="" type="checkbox"/> No _____ If Yes, Specify _____	We have rooms for seclusion.
Does the facility use seclusion?	Yes <input checked="" type="checkbox"/> No _____ If Yes, Specify _____	
Does the facility use timeout?	Yes <input checked="" type="checkbox"/> No _____ If Yes, Specify _____	
Does the facility accept children from out of state?	If yes, has the state ICPC office been notified? If so, how many out of state children are on site?	Yes - we serve out-of-state clients.

Agency Treatment Approach/EBP/ Promising Practice/orientation	1. Positive Behavior Support (PBS) 2. APT (Aggressive Replacement Therapy)	3. CBT (Cognitive Behavior Therapy) 4. TF-CBT (Trauma Focused Cognitive Behavior Therapy) 5. Substance Abuse Counseling
What orientation does staff receive?	40 hours classroom; 40 hours shadowing	
Are Treatment Planning processes integrated (medical and behavioral staff recommendations)?	<u>yes</u>	
How does Direct Care staff relate to Clinical Care Staff?	Communication is good. They strive to work together as a team.	The clinical & direct care staff work well together in treatment team, special staffing, communicate during staff debriefing meetings on PBS.
Services available/array for each site:	Ind. group, family, substance abuse education, snack, OT, activity therapy	The Devereux School has SAs accreditation.
Education services provided (on-site school, day treatment, outpatient services, etc.): <u>yes</u>	Education services are provided on campus.	
Credits Transferable:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Incident Reporting/Training for On-line Reporting:	Staff are trained on an internal reporting system (RADAR)	
Average Length of Stay:	3-9 months	
Do you know about the Building Bridges Initiative?	<u>yes</u>	
What is the agency's perspective on System of Care?	We embrace the concept of systems of care and work w/ and collaborate the	with other agencies & client family.
Structure and Supervision	Interview: 1. List types of safety monitoring used (e.g., staff observation, video cameras). 2. Identify all areas covered by safety monitoring. 3. Identify any gaps in safety monitoring coverage. 4. Identify corrections made or proposed to remediate those gaps?	High - We are a PRTF therefore we provide a high level of structure & supervision.
1. Would you characterize the level of structure and supervision provided by your program as low, moderate or high?		
2. What strategies do you employ in order to individualize your service(s)?	Interview: 1. List the EBPs and all other therapeutic interventions utilized by the PRTF. 2. List frequency and description of staff training pertinent to EBPs and therapeutic interventions.	As noted earlier, we utilize several EBPs: PBS, CBT, TF-CBT, APT, substance Abuse. The staff providing the service has been trained. For example, several therapists have attended a 6-week program on TF-CBT.

3. Describe the level of supervision and structure provided by your program to assist a child in achieving and maintaining an improved level of functioning so that the child can successfully benefit from treatment and achieve the highest level of independent functioning in order to return to their family or obtain permanent placement?	Interview: 1. Describe how supervision of youth is provided. 2. Describe how the level or intensity of supervision may vary across youth? 3. Is supervision described as being based on individual risk and/or therapeutic need? Yes or No. 4. Describe how discharge plans prepare the youth for a successful step-down. 5. Is the discharge plan described as including specific goals that need to be accomplished prior to discharge? Yes or No. 6. Describe the involvement of the CFT in the discharge policy.	<ul style="list-style-type: none"> • We have a phase system which includes 4 phases. The client works through the phases, receiving increased responsibilities. We also have what we call "special situations." These are used to additional support & supervision as needed. These include suicide precautions, one-to-one, a formal observation - a 15 minute check-in. We do try to identify the discharge resource at the time of admission.
4. What is the safety monitoring policy/procedure for determining the assignment of roommates?	Interview: 1. What are the characteristics that would promote or prevent pairing of clients as roommates? 2. What happens when characteristics of concern come to light and how is change made owing to these characteristics? 3. What are safety monitoring practices applicable during the day? at night?	<ul style="list-style-type: none"> • The physician and the Medical Director, along with the team review room assignments to determine pairing of clients & determine if a single room is necessary. • Safety monitoring occurs every 30 minutes with a check if clients' at transition time, when clients are on special diets and every 15 minutes @ night.
Adjustment and Functioning	Interview: 1. How does your program promote improvements in interpersonal skills? 2. How does your program measure improvements in interpersonal skills? 3. What is the frequency of physician contact with each youth? 4. What are the standard physician contacts with each youth? 5. How does the program assure access to appropriate medical and dental care? 6. How are daily living skills promoted? 7. How are they measured?	<ul style="list-style-type: none"> • Our PBS program is integrated throughout the campus - we focus on being respectful, being responsible and using self-control. In addition, client participation group therapy and activity therapy. • Clients are seen by the NP, school nursing care, and seen by external physicians/specialists as needed. • We have a mobile dentist that comes to the campus monthly.
1. Describe strategies for assisting the client in improving their interpersonal relationships at school, work and in other community activities.	Interview: 1. List the EBPs and all other therapeutic interventions utilized by the PRTE. 2. List frequency and description of staff training pertinent to EBPs and therapeutic interventions. 3. List the characteristics (targeted areas of functioning, age, gender, diagnoses) of the consumers for whom the each intervention is employed.	<p>We utilized PBS, TF-CBT, DBT, AET and activity therapy to ensure that the clients are acquiring the skills identified on their individual treatment plan.</p> <p>All staff are trained in PBS with frequent re-training.</p>
2. Describe treatment interventions used to ensure that a child acquires the skills necessary to compensate or remediate skill deficits.		

<p>3. How are clients encouraged to interface with community supports for the development of personal resources?</p>	<p>Interview: 1. What opportunities are there for children to interact in the socially/recreationally in the community/outside the facility? 2. Are there different opportunities available to individual consumers based on assessed needs? What strategies/interventions are there to promote a child's successful engagement with community activities/resources? 3. How does the agency prepare the child for community re-entry?</p>	<p>With the PDS phase, clients can attend off-camps activities such as movies, sporting events, etc. We also have Career Technology & Agricultural Education job coaches who frequently take clients off-camps.</p>
<p>4. Describe how your program involves the family in treatments, keeps them informed of their child's progress, and prepares them for step down as part of the discharge process.</p>	<p>Interview: 1. Describe the involvement of the family/guardian/supports in Treatment Planning? 2. Describe the involvement of the family/guardian/supports in implementing treatment? 3. Describe the involvement of the family/guardian/supports in determining progress of the plan? 4. Describe the involvement of the Child and Family Team (CFT) in Treatment Planning?</p>	<p>Our therapist provide family counseling. Family members/guardians are invited to participate in the monthly treatment review. In addition, we also have a monthly "Family Day".</p>
<p>Behavior Management</p>		
<p>1. Discuss your agency's basic approach to behavior management.</p>	<p>Interview: 1. Is there a privilege system? 2. Are there different levels in the privilege system? 3. Describe your privilege system. Is it in writing? 4. How is it communicated to youth in the facility? 5. How does a child earn the right to move from one level to another? 6. Are privileges based on avoiding negative behavior or on reinforcing positive behavior?</p>	<p>As mentioned earlier, the PDS program has 4 different phases - (1) Safety (2) Learning (3) Practice and (4) Leadership. Each phase has the specific phase criteria and the privileges and responsibilities.</p>
<p>2. Describe how your program handles severe, out-of-control behavior, including verbal and physical aggression, sexually reactive, offending behaviors, self-injurious, property damage, and clients who have problems in the community.</p>	<p>Interview: 1. Do you accept children who are/ have/cause: a) severe out of control behaviors (e.g., psychosis, firesetting, animal cruelty and other antisocial behaviors) <input checked="" type="checkbox"/> b) physically aggressive <input checked="" type="checkbox"/> c) sexually reactive <input checked="" type="checkbox"/> d) sexually aggressive <input checked="" type="checkbox"/> e) offending behaviors <input checked="" type="checkbox"/> f) self injurious <input checked="" type="checkbox"/> g) property damage <input checked="" type="checkbox"/> 2. What behavior management techniques do you apply for these behaviors (as applicable)?</p>	<p>We look @ fire-setting in an individual basis, we look @ sexually aggression on an individual basis. We look @ offending behavior on an individual basis. Our behavior management techniques are taught through the "Gate" : Positive Approach (SPA) which focuses on both verbal de-escalation & physical restraints.</p>

3. What precautions are taken to prevent harm to a child or others?	Interview: 1. What is the facility's philosophy regarding seclusion/restraint? 2. When/how are staff taught to use that philosophy? 3. What trainings have been provided to avoid using seclusion/restraints? 4. What seclusion/restraint trainings do staff receive? 5. What happens after a restraint?	As mentioned earlier, all staff receive 12 hours of training in our "Safe & Positive" Approach. We have re-fresher training every 6 months. We have a Restraint Reduction Druggist Committee; a Restraint Reduction Team.
Clinical Oversight	Interview: 1. What is the daily schedule? 2. Does it include free time? 3. How are meals handled (e.g., preparation, clean-up)? 4. What structure is provided during transition periods? 5. How are therapeutic interventions integrated into daily routines? 6. What on site activities are available during free time? 7. Describe how staff help youth to find their interests.	• Clients attend school; then have either group or activity times (singing, physical activities). • Meals are provided in the cafeteria. • The AT staff work with the clients to identify their activities.
1. Discuss how therapeutic interventions are integrated into the daily schedule of the residential program.	Interview: 1. Describe the clinical oversight of staff in the facility? 2. How often does supervision occur/How many hours per week is such oversight provided? 3. Who provides clinical oversight? 4. Is supervision formal or informal in nature? Describe. 5. What are credentials of staff providing such oversight? 6. If a QP, who supervises said QP?	Our Medical Director, Clinical Director provided clinical oversight. Therapist participate in peer supervision, supervision with the Medical Director (group supervision) and individual supervision with the psychologist.
2. Describe how a professional provides clinical oversight to the program. How many hours/week?	Interview: 1. Does each individual have an individualized crisis plan? 2. How are crisis plans individualized? Please give an example. 3. What crisis resources exist internally and externally?	We have information from the clients personal safety assessment that staff are aware of it. We update the risk factor assessment monthly. We have on-call staff to assist in emergencies.
Referral Process	Interview: 1. Describe the involvement of the CFT in making referrals for admission? 2. Describe the involvement of the family/guardian/supports in referral decision making? 3. How are children referred to the facility?	• It is different regarding when the client is referred from.
1. What is/was the initial referral process prior to PRTF entry?		

2. How is a client referred to another level of services?	Interview: 1. How is it determined that a client is ready to or should move to another level of care ? 2. What circumstances would cause an unplanned discharge and who would be involved?	We work closely with Jeddah, Eke's, insurance company, guardian, family member regarding movement to another level of care.
3. Describe your coordination of post discharge and follow up care.	Interview: 1. Describe post discharge and follow up care?	Follow-up usually occurs with the therapist.
Self Evaluation		
1. How would you characterize the type of child your program is most successful in treating?	Interview: 1. How would you characterize the type of child your program is most successful in treating?	Primary affective & behavioral disturbance with family support.
2. What type of behaviors poses the greatest problem for program staff to manage?	Interview: 1. What type of behaviors poses the greatest problem for program staff to manage?	Aggression (severe) and self-injury are known.